

CLAIMS:

1. A compound which binds to the same epitope or a portion thereof on human lymphocytes as the monoclonal antibody produced by the cell line deposited as ATCC HB 11423.

2. A compound as in Claim 1, wherein said compound is a monoclonal antibody or fragment thereof.

3. A compound as in Claim 1, wherein said compound is a monoclonal antibody identical to the monoclonal antibody produced by said deposited cell line.

4. The compound of Claim 1 wherein said compound is a monoclonal antibody having the same CDR as the antibody produced by said deposited cell line.

5. The compound of Claim 1 wherein said compound is a chimeric form of the monoclonal antibody produced by said deposited cell line.

6. The compound of Claim 1 wherein said compound is a humanized form of the monoclonal antibody produced by said deposited cell line.

7. The compound of Claim 1 wherein said epitope is a CD2 epitope of CD2 positive human T-cells.

8. The compound of Claim 1 wherein the epitope is a conformational epitope.

9. The compound of Claim 1 wherein said compound is a monoclonal antibody and said antibody is further characterized by binding to at least a portion of human CD2<sup>+</sup> NK cells.

10. A process for inhibiting an immune response in a human patient, comprising:

treating a patient by administering an effective amount of the antibody of Claim 2.

11. A process as in Claim 10 wherein said immune response is mediated by T cell activation and proliferation.

12. A process as in Claim 11, wherein said T cell activation and proliferation results from graft transplantation.

13. The process as in Claim 12, wherein said graft transplantation is allograft transplantation.

14. A process as in Claim 13, wherein said graft transplantation is xenograft transplantation.

15. A process as in Claim 11, wherein said T cell activation and proliferation results from an autoimmune disease.

16. A process as in Claim 11, wherein the antibody is contacted with blood of the patient in vivo.

17. A process as in Claim 16, wherein said antibody is contacted with the patient's blood in vivo by intravenous administration.

18. A process as in Claim 11, wherein said Antibody is contacted with the donor graft prior to transplantation.

19. A process as in Claim 10, wherein said immune response is mediated by natural killer cells.

20. A process as in Claim 19, wherein the antibody is contacted with blood of the patient in vivo.

21. A process as in Claim 20, wherein said antibody is contacted with the patient's blood in vivo by intravenous administration.

22. A process as in Claim 19, wherein said antibody is contacted with the donor graft prior to transplantation.

23. A process as in Claim 19, wherein said immune response results in graft versus host disease.

24. A process as in Claim 19, wherein said immune response results in graft rejection.

25. A process as in Claim 24, wherein said graft rejection is from allograft transplantation.

26. A process as in Claim 24, wherein said graft rejection is from xenograft transplantation.

27. A process for inhibiting the rejection of a graft in a human patient comprising:

treating a human patient to inhibit rejection of a graft with a compound, which binds to at least a portion of

the same epitope on human lymphocytes as the monoclonal antibody produced by the cell line deposited as ATCC HB 11423, in an amount effective to inhibit rejection.

28. A process as in Claim 27, wherein the compound is a LO-CD2a antibody.

29. A process as in Claim 27, wherein the graft is an organ.